



***Important Note: Application for "Special Event" must be made
15 days prior to event failure to do so results in late fee charges being applied.***

The undersigned hereby makes application for Special Liquor Sales Permit, with the intent to engage in the business of selling, at retail, alcoholic liquors for consumption.

Establishment Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone #: _____ **Email (Print)** _____

Location of Event: _____

Describe the nature and theme of the event:

Will the event be held outside of the beer garden and/or fenced area? ☐ Yes ☐ No

If yes, have you contacted the Township regarding barrier plans? ☐ Yes ☐ No

Provide a site plan of where the event will be held (attach to application).

Please mark the appropriate box:

- | | | | |
|--------------------------|----------------------------|-----------------|--|
| <input type="checkbox"/> | State Fair Event | \$150.00 | Extends 1a.m. license to 3a.m. Only |
| <input type="checkbox"/> | Special Event | \$75.00 per day | 1p.m. until 10:30p.m. Only |
| <input type="checkbox"/> | Late Fee 1 st | \$50.00 | Date(s) of event _____ |
| <input type="checkbox"/> | Late Fee 2 nd + | \$100.00 | Hour(s) of event _____ |

Payment can be made via check made payable to Sangamon County Building Zoning, cash or IL E-pay (contact our office for information)

Applied for this _____ **day of** _____, 20 _____

Name (print) _____ **Signature:** _____